

Angela Madge, LEP, LLC

Wellness at Villageworks
525 Massachusetts Ave, Suite 101
Acton, MA 01720
Phone: 781-795-4559

Psychoeducational Assessment
www.angelamadgeassessment.com
angela@angelamadge.com

Release of Information

Child's Name _____ Date of Birth _____

I hereby give consent for Angela Madge, LEP to *OBTAIN* information about my child's:

- | | |
|--|---|
| <input type="checkbox"/> Psychological Assessment | <input type="checkbox"/> Psychiatric Assessment |
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Progress Reports |
| <input type="checkbox"/> Program/Placement History | <input type="checkbox"/> Educational History |
| <input type="checkbox"/> Individualized Education Plan | <input type="checkbox"/> Other: _____ |

This information can be obtained from (please specify particular individuals, schools, programs, authorities, etc):

Name	Phone	Fax	Relationship to Client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby give consent for Angela Madge, LEP to *RELEASE* information about my child's:

- | | |
|--|--|
| <input type="checkbox"/> Psychological Assessments | <input type="checkbox"/> Educational Assessments |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Other: _____ |

This information can be released to (please specify particular individuals, schools, programs, authorities, etc.):

Name	Phone	Fax	Relationship to Client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Release shall remain in effect from: _____ until _____.

Print Name (Parent/Guardian)

Signature

Date